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**APPLICANTS**

Mark G. Frei, Lawrence, KS;  
 Ivan Osorio, Leawood, KS;  
 Naresh C. Bhavaraju, Mission, KS;  
 David L. Carlson, Fridley, MN;  
 Jonathon E. Giftakis, Brooklyn Park, MN;  
 Nina M. Graves, Minnetonka, MN;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/504,000 09/19/2003 and claims benefit of 60/418,666 10/15/2002 *ok*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA PCT/US03/32909 10/15/2003 *ok*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/06/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 33	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>KR</i>	Initials <i>KR</i>		

**ADDRESS**

22908

**TITLE**

Timed delay for redelivery of treatment therapy for a medical device system

<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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